

**Pregnancy Maintenance Initiative
Client Satisfaction Survey**

1. Agency Name: [REDACTED]

2. Agency City: [REDACTED]

3. How did you learn about these services?

<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Brochure from agency listed above
<input checked="" type="checkbox"/> Pregnancy Care Provider	<input type="checkbox"/> Church
<input type="checkbox"/> Media (television, radio, newspaper)	<input type="checkbox"/> Health Department
<input type="checkbox"/> Adoption Agency	<input type="checkbox"/> Another agency:
<input type="checkbox"/> School	<input type="checkbox"/> Other, specify: [REDACTED]
<input type="checkbox"/> Hospital	

4. Check the services that you received as a result of your participation with the Pregnancy Maintenance Initiative/Case Management.

<input checked="" type="checkbox"/> Prenatal Medical Care	<input type="checkbox"/> Adoption Guidance
<input type="checkbox"/> Medical Care (non-pregnancy related)	<input type="checkbox"/> Drug/Alcohol Assessment/Treatment
<input type="checkbox"/> Client	<input type="checkbox"/> Domestic Abuse Protection
<input type="checkbox"/> Infant	<input type="checkbox"/> Child Care
<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Parenting Education/Support
<input type="checkbox"/> Alternative Education	<input type="checkbox"/> Transportation
<input type="checkbox"/> Paternal Involvement Support	

5. How long did you wait for your first visit with the PMI case manager?

<input checked="" type="checkbox"/> less than 1 week	<input type="checkbox"/> 3 weeks
<input type="checkbox"/> 1 week	<input type="checkbox"/> 4 weeks or more
<input type="checkbox"/> 2 weeks	

6. Did you have problems getting to the services (e.g., transportation, appointments conflicted with work schedule or school, child care)?

No Yes Describe the problem: _____

7. Were the days and times for services good for you?

No Yes What days would have been better for you? _____

8. On the average, how long did you have to wait before you were seen by the case manager or other staff at this agency?

<input checked="" type="checkbox"/> less than 15 minutes	<input type="checkbox"/> 46 minutes - 1 hour	<input type="checkbox"/> not applicable
<input type="checkbox"/> 15-30 minutes	<input type="checkbox"/> 1-2 hours	
<input type="checkbox"/> 31-45 minutes	<input type="checkbox"/> more than 2 hours	

9. During your visits:

Did the case manager carefully listen to you? Yes No
Did service providers carefully listen to you? Yes No
Do you feel you participated in the goal planning? Yes No
Were things explained in a way you could understand? Yes No

If you checked "no" to any of the above, please explain: _____

10. Did you feel you were fully informed of:

Available services to continue your pregnancy? Yes No
Location of services? Yes No
Requirements of services? Yes No
Length of services during pregnancy and after? Yes No

11. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?

"I honestly don't know"

12. Would you recommend these services to a friend or relative? Yes No

13. How old are you?

under 15 15-17 18-19 20-24 25-29
 30-34 35-39 40-44 45-54 55 or older

14. What is your race?

White Black or African American American Indian/Alaskan Native
 Asian Native Hawaiian/Pacific Islander Other

15. Do you consider yourself to be of Hispanic origin? Yes No